

EXHIBIT 2

EXHIBIT 2

Inst #: 20240311-0000546

Fees: \$42.00

RPTT: \$3315.00 Ex #:
03/11/2024 11:09:21 AM

Receipt #: 5525213

Requestor:

FNTG NCS Las Vegas

Recorded By: CHERIE Pgs: 4

Debbie Conway

CLARK COUNTY RECORDER

Src: ERECORD

Ofc: ERECORD

APN: 162-13-605-002

Affix R.P.T.T. \$3,315.00

RECORDING REQUESTED BY:

FIDELITY NATIONAL TITLE

**WHEN RECORDED MAIL TO and MAIL TAX
STATEMENT TO:**

NEUROLOGY CLINICS OF NEVADA LLC, A
NEVADA LIMITED LIABILITY COMPANY
390 OTSEGO CT.
HENDERSON, NV 89012

ESCROW NO: 42055131-420-KAH

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That

Alex Gold Holdings, LLC, a Nevada limited liability company who acquired title as Alex Gold Holdings, L.L.C., a Nevada limited liability company

in consideration of \$10.00 and other valuable consideration, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to

Neurology Clinics of Nevada LLC, a Nevada limited liability company

all that real property situated in the County of Clark, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Subject to: 1. Taxes for the current fiscal year, paid current.
2. Conditions, covenants, restrictions, reservations, rights, rights of way and easements now of record, if any.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Witness my/our hand(s) this 8th day of March, 2024.

SELLER:

Alex Gold Holdings, LLC, a Nevada
limited liability company *

Alex Gold Holdings, LLC, a Nevada
limited liability company

By: Alexander Bykhovsky
Its: Managing Member

Alexander Bykhovsky

STATE OF
COUNTY OF

New York
NY

MARIYA PINSKAYA
NOTARY PUBLIC-STATE OF NEW YORK
No. 02PI6351071
Qualified in Queens County
My Commission Expires 11-28-2024

}ss: /

MARIYA PINSKAYA
#02PI6351071
Exp. 11-28-24

On this 8th day of March 2024
appeared before me, a Notary Public,
Alexander Bykhovsky, Managing Member of Alex
Gold Holdings, LLC, a Nevada limited liability
company
personally known or proven to me to be
the person(s) whose name(s) is/are
subscribed to the above instrument, who
acknowledged that he/she/they executed
the instrument for the purposes therein
contained

Mariya Pinskaya
Notary Public

My commission expires: 11/28/2024

**NOTARY JURAT FOR GRANT, BARGAIN, SALE DEED
FOR ESCROW NO.: 42055131-420KAH**

Escrow No. 42055131 - 420 - KAH
Grant, Bargain, Sale Deed....Continued

EXHIBIT A

PARCEL ONE (1) OF PARCEL MAP ON FILE IN FILE 39 OF PARCEL MAPS, PAGE 62,
RECORDED JANUARY 24, 1983 IN BOOK 1678 AS INSTRUMENT NO. 1637056, OFFICIAL
RECORDS, CLARK COUNTY, NEVADA.

STATE OF NEVADA DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a. 162-13-605-002
b. _____
c. _____
d. _____

2. Type of Property:

- a. ☐ Vacant Land b. ☐ Single Fam. Res.
c. ☐ Condo/Twnhse d. ☐ 2-4 Plex
e. ☐ Apt. Bldg f. ☒ Comm'l/Ind'l
g. ☐ Agricultural h. ☐ Mobile Home
i. Other _____

FOR RECORDERS OPTIONAL USE ONLY

Book _____ Page _____

Date of Recording: _____

Notes: _____

3. a. Total Value/Sales Price of Property:

\$ 650,000.00

b. Deed in Lieu of Foreclosure Only (value of property)

\$ _____

c. Transfer Tax Value

\$ 650,000.00

d. Real Property Transfer Tax Due:

\$ 3,315.00


4. If Exemption Claimed

a. Transfer Tax Exemption, per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature  Capacity Escrow Officer
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Alex Gold Holdings, LLC, a Nevada limited liability company

Address: 3555 Pecos McLeod

City: Las Vegas

State: Zip: 89121

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Neurology Clinics of Nevada LLC, a Nevada limited liability company

Address: 390 Otsego Court

City: Henderson

State: NV Zip: 89012

COMPANY/PERSON REQUESTING RECORDING (Required If not Seller or Buyer)

Print Name: Fidelity National Title Group

Escrow No.: 42055131-420-KAH

Address: 6385 S Rainbow Blvd, Suite 130

City, State, Zip: Las Vegas, NV 89118

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED